



City of Fontana  
Planning Department  
8353 Sierra Avenue  
Fontana, CA 92335  
(909) 350-6718

## Cannabis Zoning Verification Application

**Type of Request:**

Zoning Letter \$300.00

### APPLICANT INFORMATION:

Name: \_\_\_\_\_

Business Trade Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### PROPERTY INFORMATION:

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Request: **Zoning Verification Letter**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Verified buffer from sensitive uses:  Yes  No  
(600 ft from schools, day care center, parks, youth & recreation center or City boundaries; please provide radius map depicting required buffer)

Area of the City:      North       Central       South

Zoning: \_\_\_\_\_

**FOR CITY USE ONLY:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Request Completed By: \_\_\_\_\_ Date: \_\_\_\_\_